



3/10/2020

Great American Insurance Group, Inc.
 300 E. Fourth Street, Suite 200
 Columbus, OH 43215-4201
 greatamericaincrop.com
 greatamericaninsurancegroup.com

Great American Insurance

New Heights Farm LLC
 6241 Ransom St
 Zeeland, MI 49464

Policy Number: 1139524-2019
 Balance Due: \$124,743.00

Dear policyholder:

Great American Insurance (GAI) has agreed to your request for a payment plan for the balance due on your MPC1 policy. The following is an outline of the scheduled installments to be made. **Please be advised that these payments are approximate; your account will continue to accrue interest until the balance has been paid in full. ** If the payment is not received or postmarked on or before the scheduled due date, this agreement will be considered in default and the entire balance will be due immediately. At that time, your name will be added to the Ineligible Tracking System with an ineligibility date of 03/15/20. If Great American Insurance processes any indemnity claim while any debt referred to in this agreement is still outstanding, the indemnity will not be paid to you, but will be applied as payment toward the next scheduled installment(s) against this debt. Please sign the form below and return it by 03/15/20.

		Current Balance:	\$124,743.00
<u>Due Date:</u>			
3/15/2020	\$35,000.00	Balance:	\$89,743.00
5/1/2020	\$13,475.00	Balance:	\$77,389.00
6/1/2020	\$13,475.00	Balance:	\$64,881.00
7/1/2020	\$13,475.00	Balance:	\$52,217.00
8/1/2020	\$13,475.00	Balance:	\$39,394.00
9/1/2020	\$13,475.00	Balance:	\$26,411.00
10/1/2020	\$13,475.00	Balance:	\$13,266.00 (plus interest)
11/1/2020	\$13,431.00	Balance:	\$0.00

I accept the terms of this repayment agreement. The monthly payment must be received or postmarked on or before the scheduled due date. Payment may be paid online at greatamericancrop.com or by phone 800-341-5546

Signature: _____ Date: _____
 Signature: Rebecca Combs Date: 3/10/2020

Rebecca Combs
 Great American Insurance
 Agency Collection Representative III
 513-763-8424
 513-246-0612 fax
 rcombs@gaig.com

Payment Information for

Insured: **New Heights Farm** 6241 Ransom St
 Policy Number: **1139524-2019** Zeeland, MI 49464
 Type: **MPCI**

Send payments to:
 Great American Insurance Company
 Crop Division
 3923 Solutions Center
 Chicago, IL 60677

Premium	\$116,047.00
- Payment/Loss Credit	0.00
+ Interest	8,696.00
Amount due	\$124,743.00

		Beginning Balance	Payment	Applied to Principal	Applied to Interest	Ending Balance	Additional Interest
Payment 1	3/15/2020	\$124,743.00	\$35,000.00	\$26,304.00	\$8,696.00	\$89,743.00 +	\$1,121.00
Payment 2	5/1/2020	\$90,864.00	\$13,475.00	\$12,354.00	\$1,121.00	\$77,389.00 +	\$967.00
Payment 3	6/1/2020	\$78,356.00	\$13,475.00	\$12,508.00	\$967.00	\$64,881.00 +	\$811.00
Payment 4	7/1/2020	\$65,692.00	\$13,475.00	\$12,664.00	\$811.00	\$52,217.00 +	\$652.00
Payment 5	8/1/2020	\$52,869.00	\$13,475.00	\$12,823.00	\$652.00	\$39,394.00 +	\$492.00
Payment 6	9/1/2020	\$39,886.00	\$13,475.00	\$12,983.00	\$492.00	\$26,411.00 +	\$330.00
Payment 7	10/1/2020	\$26,741.00	\$13,475.00	\$13,145.00	\$330.00	\$13,266.00 +	\$165.00
Payment 8	11/1/2020	\$13,431.00	\$13,431.00	\$13,266.00	\$165.00	\$0.00	

Please enclose remittance form with each payment

<p>PLEASE CALL 1-888-410-0468 FOR PAYOFF AMOUNT</p> <p>Payment 8 of 8 \$13,431.00</p> <p>Payment Agreement</p> <p>Due Date: 11/1/2020 Insured: New Heights Farm LLC Policy Number: 1139524-2019</p>	<p>Payment 7 of 8 \$13,475.00</p> <p>Payment Agreement</p> <p>Due Date: 10/1/2020 Insured: New Heights Farm LLC Policy Number: 1139524-2019</p>
<p>Payment 6 of 8 \$13,475.00</p> <p>Payment Agreement</p> <p>Due Date: 9/1/2020 Insured: New Heights Farm LLC Policy Number: 1139524-2019</p>	<p>Payment 5 of 8 \$13,475.00</p> <p>Payment Agreement</p> <p>Due Date: 8/1/2020 Insured: New Heights Farm LLC Policy Number: 1139524-2019</p>